

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027005

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 120

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 25 1963

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> | | Length of stay in 1b <u>6 years</u> | c. CITY OR TOWN <u>Nevada</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Tate's Nursing Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>812 No Washington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Conrad</u> Last <u>Walters</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1963</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/31/1881</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power and Light, Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME <u>George Walters</u> | | 13b. MOTHER'S MAIDEN NAME <u>Barbara Farber</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Anna Walters</u> | | 17. INFORMANT Address <u>Mrs Daniel Blanchard, Lee's Summit, Mo.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive C V P disease</u> DUE TO (c) <u>Generalized arteriosclerotic disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour <u>2:10</u> a.m. p.m. Month, Day, Year <u>6-14-63</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>6-14-63</u> to <u>6-17-63</u> and last saw him alive on <u>6-17-63</u> Death occurred at <u>2:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 22b. ADDRESS <u>216 East Hunter, Nevada, Mo</u> | |
| 22c. DATE SIGNED <u>6-18-63</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 23b. DATE <u>6/19/63</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Rich Hill, Missouri</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Eichinger-Milster Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-28-63</u> | |
| ADDRESS <u>Nevada, Missouri</u> | | 26. REGISTRAR'S SIGNATURE <u>Anna E. Jarry</u> | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Merida, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.